

## THE USE OF COGNITIVE-BEHAVIOURAL THERAPY (CBT) IN SMOKING CESSATION: A CASE STUDY

NURUL ATIQA AB RAJI<sup>1\*</sup>, NORWATI MANSOR<sup>2</sup>, ANIS-FARAHWAHIDA MOHD KARIM<sup>1</sup>  
AND NURUL HIDAYAH AB RAJI<sup>3</sup>

<sup>1</sup>*Faculty of Business, Economics and Social Development, Universiti Malaysia Terengganu, Malaysia*

<sup>2</sup>*Kulliyah of Education, International Islamic University Malaysia, Malaysia*

<sup>3</sup>*Faculty of Computer and Mathematical Sciences, Universiti Teknologi Mara (Perlis), Malaysia*

\*Corresponding author: [atiqahraji@umt.edu.my](mailto:atiqahraji@umt.edu.my)

**Abstract:** Recently, smoking habits among adolescents in Malaysia has increased and cigarette use remains common among youngsters. Ministry of Health, Malaysia (2015) has reported that 20% of smokers are among adolescents and there are 50 to 60 adolescent starts their smoking habit every day. Unfortunately, based on the report, it is also reported that 85% of them were remain as active smokers. Responding to this issue, the research understudy was conducted to investigate the effectiveness of Cognitive-Behavioural Therapy (CBT) techniques in smoking cessation. The target participant in this study was a Form Five Muslim male student at one of the secondary school in Kuala Lumpur. This study employed qualitative research design. Six individual counselling sessions within seven weeks were conducted by applying CBT techniques. The findings revealed that the client has a false belief about smoking and develop dependency on cigarettes whenever there is a symptom of stress. Thus, counsellor applied 'cognitive restructuring' technique in order to help the client to learn how to challenge his thoughts that leads him to light up cigarettes. Besides, counselor tried to strengthen client's new behaviour by using positive-reinforcement. In short, this study suggests that the application of CBT techniques in smoking cessation is really helpful within a short time; the client had shown positive changes by quitting smoking at the end of the session.

**Keywords:** Smoking, cigarette, cognitive-behavioural therapy, adolescents, stress, counselling

### Introduction

Smoking is best regarded as one of the issues which impede adolescents' positive growth and development. As a matter of fact, more than a third of Malaysian boys aged between 13 and 15 years old smoke. According to a global study on tobacco smoking, the Tobacco Atlas (2012) indicates that 36.3% of school boys were smokers, consequently making Malaysia one of the top countries in the world with the highest smoking rates amongst male teenagers in their age range. At the same time, the study also showed that 4.2% of girls aged between 13 and 15 years old smoked. It was also discovered that 45.6% of men and 2.4% of women in Malaysia smoked. From this statistical data,

it is clearly shown that smoking behaviour among adolescents were becoming more serious and have to be addressed immediately. There were abundant of societal reasons that make adolescents more likely to light up cigarette, particularly when life gets difficult and stressful; lack of guidance and parental support, conflict within family system, poor academic performance and financial constraint (Ministerial Council on Drug Strategy, National Tobacco Strategy 2004-2009). Smokers actually feel like they belong to a club. For many young people, that sense of belonging can seem a lot more important than any long-term health effects. The unhealthy behaviour among adolescents looks like there is no ending and it is worsening day

by day. Without realizing or not, adolescents are actually the precious asset for the country since they will hold the responsibility as a leader in the future (Azizi, Amir & Sharifudin, 2010). Thus, in order to protect this vulnerable generations, all parties, family institution, school institution, society and government must work hand in hand in finding effective preventive measures to curb with this issue.

Currently, there were minimal studies had been conducted in applying Cognitive-Behavioural Therapy (CBT) techniques for smoking cessation among adolescents in Malaysia. Therefore, this study has been carried out to fill in the gap and find out the answer to this lack of focus as well as adding to the existing literature on the use of CBT techniques in smoking cessation among adolescents in Malaysia. Hence, the research understudy focused on the effectiveness of CBT techniques in smoking cessation and there were three techniques of CBT applied to the target participant; cognitive restructuring, skills training and behavioural activation in which the condition of the client was first being examined.

### **Research Method**

This study employed qualitative approach of case study method. Yin (2003) defined case study method as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p.13). He further explained that case study method is trying to ‘explain, describe, illustrate and explore’ (Payne *et al.*, 2007). In addition, the method is suited for studies which aims to examine organizations or services which can be in a form of single case or multiple case studies (the case subject can be a person/group, organizations or services). Clearly, this method suits this study purpose which is to investigate the effectiveness of Cognitive-Behavioural Therapy (CBT) on smoking cessation upon one student (participant of the study).

The researcher adopted purposive sampling method in recruiting one student as participant who fulfilled certain criteria for an in-depth interview; 17 years old male student and self-referred. He had been identified as having smoking behaviour and had an intention to quit smoking. As described by Cresswell (2007), qualitative researchers use ‘an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study’ (p. 37). Therefore, a more accurate measure would be participant’s actual experience of the case or issue. Hence, the best way to capture the ‘actual experience’ of participant in this study is through interview. The information and intervention will be collected and applied from the target participant during February until Mei 2015 and it will consume for about one hour for each individual counselling session (six individual counselling session altogether). Furthermore, in conducting the research, the process actually was guided by movement through these four phases of inquiry; problem identification, data gathering, implementation of intervention and result evaluation.

### **Results and Discussion**

The researcher has diagnosed several issues experienced by the participant based on the six individual counselling sessions conducted with him within seven weeks. During exploration process, participant believed that he needs cigarettes to get through the day. However, it is actually one of participant’s ways of coping mechanism to deal with stressful events. Besides, participant regarded smoking as for recreational purpose in which he got something to do in spending his time. Recreational purpose is where he spends his leisure time by smoking or whenever he feels nothing to do. Additionally, participant was also afraid of losing friends if he opts into smoking cessation.

The analysis of data obtained on cognitive restructuring therapy and cigarette smoking

behaviour showed that there were positive and significant effects of cognitive restructuring therapy on cigarette smoking behaviour of the participant. Furthermore, this implies that the therapy (cognitive restructuring) helped the participant to change his behaviour towards cigarette smoking, to alter his false belief towards smoking and to reduce the frequency of cigarette taken, thus stop his smoking behaviour. This result actually has been supported by the finding from Roberto *et al.*, (2007) that behaviour therapy (especially cognitive) has been considered as most essential strategy for the effective treatment of drug addiction where it was found effective in the treatment of cocaine addiction.

In addition, another factor that leads to the effectiveness of this therapy in treating the smoking cessation issue is the participant's willingness to quit smoking. Besides, another reason was all the participant's false beliefs have been rationalized throughout the cognitive restructuring process. All participant's statements that represent his irrational beliefs were picked up; for instance *'I feel stress, whenever I feel stress, I will start to light up the cigarette as for me it helps to reduce my stress', 'I always smoke especially when I walking back to my home or heading to tuition center as I am having nothing to do' and 'most of my best friends were smokers, if I choose to stop, what would be their thinking on me, they might choose to not be friend with me anymore'*. These were being replaced with more rational statements such as *'this feeling of relaxation is temporary and soon gives way to withdrawal symptoms and increased cravings', 'I have some other ways to be used to cope with stress', 'I actually can spend my time doing something else while going back home and walking to tuition center, for example have a lollipop in my pocket' and 'I actually can avoid smoking while I'm with my circle of friends, for example I should be assertive and creating excuses instead'*. These approaches actually were benefited in which its core concept is that person who is rational is

capable to change his behaviour by first altering his belief system. Similarly, Brigham (2003) in his research entitled *'12-Step Participation as a Pathway to Recovery'*, perceive cognitive restructuring technique as a process to identify and alter the false belief and behaviour. Another reason that adds to the effectiveness of this therapy was its short-term and goal-oriented psychotherapy treatment (Martin, 2007). This is because this therapy actually does not involve any difficulty to learn and do not take such a longer period of time to be applied.

Apart from that, the introduction of homework and teaching and training new skills is actually another reason for the effectiveness of the therapy. For example, in this research, the researcher was taught and trained the participant with two new skills; *'Knowing and Overcoming Your Stress'* and *'Assertiveness Training (Role-play - How to Say NO without Losing Friends)*. Similarly, result from the research conducted by Tingen *et al.*, (2006) has drawn a positive finding that the intervention such as teaching new skills was effective to increase drug knowledge and increase the refusal, assertiveness and anxiety reduction skills. This research indicates that participant was more likely to use refusal and assertiveness skills and anxiety reduction techniques to avoid tobacco use, thus resulted in significantly lower smoking attitude.

Furthermore, the last technique being used in this research is the researcher ensure to frequently give praise and compliments to the participant whenever he shows positive changes and progress such as *'Congratulations', 'I'm proud of you' and 'Wow, I'm impressed, you manage to do that'*. The researcher also taught the client to apply self-monitoring as well as reward and punishment techniques in his daily life as means to keep the record of changes and progress being made by him. To support, up to this time, there were some smoking cessation programs in which targeting adolescents as the participants, have started to integrate the motivational and reinforcement strategies in

order to help individuals to clarify their goals and values while simultaneously increasing their willingness to change their smoking behaviour (Pallonen, 1998). In addition, another research has indicated that smoking cessation interventions or programs that based on motivational principles are encouraging, feasible and have a positive impact on smoking cessation (Shegog *et al.*, 2005).

All in all, research evidence has shown that this therapy is short-term, goal-oriented psychotherapy, cost effective and suitable to be used by many parties. Therefore, it is suggested for all parties; parents, teachers, school institution, school counsellor, society and government to adopt this therapy in helping those adolescents' smokers.

### Conclusion

As a conclusion, adolescence period is full of storm and stress, and also a stage when they begin to discover who they really are, and they move from dependency on their parents to independence, autonomy and maturity. During this transition period, the numbers of family time being spent were dropped as they opt to spend more time being alone and with friends (Larson & Richards, 1991). Furthermore, peer pressure was also considered as one of the influential factors on adolescents' decision-making process and they experience the pressure throughout their day. Research indicates that peers bring both pros and cons in adolescents' way of life. For instance, pro-social behavior, academic performance (Mounts & Steinberg, 1995; Wentzel & Caldwell, 1997) and other social illnesses such as alcohol and substance abuse, smoking and delinquency (Urberg, *et al.*, 1997).

Thus, the strength of peer pressure must be balanced with strong and continuous parental support and guidance. Last but not least, a school counselor, should try to offer and carry out theory-based prevention programs, for instance assertiveness training program, stress management and cognitive-development programs that could help to improve adolescents decision-making and resist peer pressure as

adolescence is a time of experimentation with new behaviour and reliance on peers for guidance and direction.

### Acknowledgements

This research was a self-funded research project. I would like to express my very great appreciation to all the co-authors whom provided insight and expertise that greatly assisted the development of this research.

### References

- Azizi Hj. Yahaya, Amir Hamzah Abdul and Sharifudin Ismail (2010). *Budaya Lepak di Kalangan Remaja: Implikasi Kepada Pembentukan Institusi Keluarga Melayu*. Universiti Teknologi Malaysia.
- Brigham, G. S. (2003). 12-Step Participation as a Pathway to Recovery: The Maryhaven Experience and Implications for Treatment and Research. Science and Practice Perspectives. Clinical Perspectives. Internet. CA: Sage.
- Creswell, J.W. (2007). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. Thousand Oaks, CA: Sage Publications.
- Larson R., & Richards MH. (1991). *Daily Companionship in Late Childhood and Early Adolescence: Changing Developmental Contexts*. Child Dev. 62: 284-300.
- Martin, B. (2007). *In-Depth: Cognitive Behavioural Therapy*. Psych Central.
- Ministerial Council on Drug Strategy. National Tobacco Strategy 2004 - 2009: The Strategy, Commonwealth of Australia, 2005: 14.
- Mounts NS., & Steinberg L. (1995). *An Ecological Analysis of Peer Influence on Adolescent Grade Point Average and Drug Use*. Dev. Psychol. 31:915-22.
- Pallonen, U. E. (1998). Transtheoretical Measures for Adolescent and Adult

- Smokers: Similarities and Differences. *Preventive Medicine*, 27, A29-A38. doi: 10.1006/pmed.1998.0423.
- Payne, S., Field, D., Rolls, L., Hawker, S., & Kerr, C. (2007). *Case study research methods in end-of-life care: Reflections on three studies*. *Journal of Advanced Nursing*, 58(3), 236.
- Roberto, S-V., Olaya, G-R, Jose, R. F-H. and Jose, L.C. (2007). *Psychological Bases of the Treatment of Drug-Dependence*. *Papeles del Psicology*. Vol 28 (1), pp. 29-40.
- Shegog R, McAlister A, Hu S, Ford K, Meshack A, Peters R. (2005). Using interactive health communication to impact smoking intentions in middle school students: A pilot test of the "Head Butt" risk assessment program. *American Journal of Health Promotion*, 19, 334-338. The Tobacco Atlas (2012).
- Tingen, M. S., Waller, J. L., Smith, T. M., Baker, R. R., Reyes, J., & Treiber, F. A. (2006). Tobacco prevention in children and cessation in family members. *Journal of the American Academy of Nurse Practitioner*, 18(4), 169-179.
- Urberg KA, Degirmencioglu SM and Pilgrim C. (1997). *Close Friend and Group Influence on Adolescent Cigarette Smoking and Alcohol Use*. *Dev. Psychol.* 33:834-44.
- Wentzel KR., & Caldwell K. (1997). *Friendships, Peer Acceptance, and Group Membership: Relations to Academic Achievement in Middle School*. *Child Dev.* 68:1198-209.
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks.